

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	3340
	First Named Inventor	Rex Vandenberg
	Original Patent Number	6,312,205
	Original Patent Issue Date (Month/Day/Year)	11/06/2001
	Express Mail Label No.	EV 405538631 US

APPLICATION FOR REISSUE OF:
(Check applicable box) ☒ Utility Patent ☐ Design Patent ☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format
(amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 CFR 1.175) (PTO/SB/51 or 52)
6. ☒ Power of Attorney
7. ☐ Original U.S. Patent currently assigned? ☐ Yes ☒ No
(If Yes, check applicable box(es))
 - ☐ Written Consent of all Assignees (PTO/SB/53)
 - ☐ 37 CFR 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

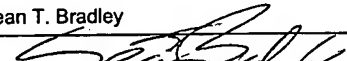
ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all
changes to the claims. See 37 CFR 1.173(c).
11. ☐ Original Patent Grant
 - ☐ Ribbonded Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS
Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: _____

18. CORRESPONDENCE ADDRESS

☒ Customer Number. 23618 OR ☐ Correspondence address below

Name	Sean T. Bradley/Chase Law Firm, L.C.				
Address	4400 College Boulevard, Suite 130				
City	Overland Park	State	Kansas	Zip Code	66211
Country	U.S.A.	Telephone	913-339-9666	Fax	913-339-6061


Name (Print/Type)	Sean T. Bradley	Registration No. (Attorney/Agent)	46,572
Signature		Date	11-04-03

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

17513 U.S. PTO
10/701021
110403

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM							Docket Number (Optional) 3340	
Claims as Filed – Part 1								
	(1) Claims in Patent	(2) Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee		Rate	Fee
Total Claims (37 CFR 1.16(j)) Independent claims (37 CFR 1.16(i))	(A) 18	(B) 18	**** 0 =	x \$ _____ =		or	x \$ _____ =	
	(C) 2	(D) 2	* 0 =	x \$ _____ =			x \$ _____ =	
				Basic Fee (37 CFR 1.16(h))		\$ 385.00		
				Total Filing Fee		\$ 385.00		OR
Claims as Amended – Part 2								
	(1) Claims Remaining After Amendment	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity		
				Rate	Fee		Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 26	MINUS ** 20	* = 6	x \$ 43 =	258.00	OR	x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	*** 4	MINUS ***** 3	= 1	x \$ 9 =	9.00		x \$ _____ =	
				Total Additional Fee		\$ 267.00		\$
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account Number _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number <u>03-1425</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>652.00</u> to cover the filing/additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;"><u>11-02-03</u> Date</p> <p style="text-align: center;"><u>46,572</u> Registration Number, if applicable</p> </div> <div style="width: 45%; text-align: center;">  Signature of Applicant, Attorney or Agent of Record <u>Sean T. Bradley</u> Typed or printed name </div> </div>								

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.